MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018235 **FILING DATE**

APPLICANT(S)

6/21/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		(1)					54						
5		(1)					55						
6		(1)					56						
7		(1)					57						
8		(1)					58						
9		(1)					59						
10		(1)					60						
11		(1)					61						
12		(1)					62						
13		(1)					63						
14		(1)					64						
15				1		1	65						
16				1		1	66						
17				1			67						
18				1			68						
19				1			69						
20				1			70						
21				1		1	71						
22				1		1	72						
23				1		1	73						
24				1		1	74						
25				1		1	75						
26				1		1	76						
27				1		1	77						
28				1		1	78						
29				1		1	79						
30				1		1	80						
31				1		1	81						
32				1		1	82						
33				1		1	83						
34				1		1	84						
35				1		1	85						
36				1		1	86						
37				1		1	87						
38				1			88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		2		1		TOTAL IND.						
TOTAL DEP.	14		22		18		TOTAL DEP.						
TOTAL CLAIMS	15		24		19		TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)